



Dear Volunteer –

To be a volunteer in Messiah Lutheran Church and Preschool you must complete the Volunteer Clearance Process prior to being assigned to a volunteer position within the church or preschool. The information disclosed on these forms will be used only in making the initial decision of whether you are eligible to volunteer and will not be used or disseminated for any other purpose. This process includes the following documentation:

REQUEST FOR CRIMINAL HISTORY INFORMATION TO WASHINGTON and OREGON STATE PATROL

We request this information to obtain Washington or Oregon State Patrol (WSP/OSP) records of any criminal convictions for felony crimes within the last ten (10) years as well as any offenses against persons, civil adjudication's of child abuse, and disciplinary board final decisions from the WSP/OSP criminal identification system. If the WSP/OSP report shows evidence of a criminal history background and we are unable to consider you for volunteering in Messiah Lutheran Church and Preschool, you will be notified by mail.

Volunteers are welcome to request a copy of their OSP/WSP report from the Messiah Lutheran Church Office.

WSP/OSP Criminal History Background records expire after two (2) years from date of issue. At that time, you will need to renew your clearance.

VOLUNTEER DISCLOSURE STATEMENT

This form is required by law in order to be in compliance with RCW 43.43.830.

If you have any questions regarding the clearance process please feel free to contact Messiah Lutheran Church at 360-574-7081.

Volunteers in our church and preschool demonstrate that there are adults in the community who care about children and value education. Thank you for offering your time to make a difference in the lives of children.

--PLEASE REMOVE THIS PAGE PRIOR TO SUBMITTING APPLICATION--

Messiah Lutheran Church and Preschool • 905 NW 94th St. • Vancouver, WA 98665
Phone: 360.574.2686 • www.messiahvancouver.org

For Office Use Only:

Date Processed: _____

Ministry/Person requesting background check: Messiah Preschool

Messiah Lutheran Church

Person requesting background check: _____

Copy of photo ID is attached

**Messiah Lutheran Church & Preschool
Request for Criminal History Information
Child/Adult Abuse Information
via Washington/Oregon State Patrol
RCW 43.43.830 through 43.43.845**

Please complete, sign, and date this form to be a volunteer at Messiah Lutheran Church & Preschool. **Washington** residents must physically present a **valid** Washington State Driver's License or State ID card. **Oregon** residents must present a **valid** Oregon Driver's License or State ID card. A photocopy of the ID will be kept on file.

Return form to the Messiah Lutheran Church or Preschool office.

Applicant Information (Please clearly **print** name and date of birth)

Applicant's Name: _____
Last First Middle

All Previous Names (maiden, previous married names, etc):

Last First Middle

Last First Middle

Date of Birth (mm/dd/yyyy) ____/____/____ Gender _____

Applicant's Address: _____

City, State, Zip: _____

Phone: _____ Email Address: _____

Applicant's Signature _____ Date ____/____/____

Applicant's Printed Name _____

Volunteer Disclosure Statement

To be a volunteer in Messiah Lutheran Church and Preschool, you must complete this Disclosure Statement per Revised Code of Washington – RCW 43.43.830. This information will be used only in making the initial decision of whether you are eligible to volunteer and will not be used or disseminated for any other purpose.

We will request your information to obtain a report of your record of any criminal convictions for felony offenses within the last ten (10) years as well as any offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions from the Washington State Patrol criminal identification system (see attached form). **ANY VOLUNTEER WORK WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.**

Have you ever been convicted of any of the following crimes against children or other persons?

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree murder	<input type="checkbox"/>	<input type="checkbox"/>	Felony indecent exposure
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	First degree promoting prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree assault	<input type="checkbox"/>	<input type="checkbox"/>	Communication with a minor for immoral purposes
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree rape	<input type="checkbox"/>	<input type="checkbox"/>	First degree arson
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree rape of a child	<input type="checkbox"/>	<input type="checkbox"/>	First degree burglary
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree robbery	<input type="checkbox"/>	<input type="checkbox"/>	Indecent liberties
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular homicide
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	Child abuse or neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	Simple assault
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Custodial assault	<input type="checkbox"/>	<input type="checkbox"/>	Malicious harassment
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree child molestation
<input type="checkbox"/>	<input type="checkbox"/>	Promoting pornography	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree assault of a child	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a juvenile prostitute
<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment	<input type="checkbox"/>	<input type="checkbox"/>	Violation of child abuse restraining order
			<input type="checkbox"/>	<input type="checkbox"/>	Or any of these renamed crimes

If your answer is “yes” to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed. If the conviction has been the subject of an expungement, pardon, annulment, or certificate of rehabilitation please so specify:

Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has a functional, mental or physical inability to care for himself or herself or is a patient in a state hospital?

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--|
| YES | NO | | YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | First, Second or Third degree extortion | <input type="checkbox"/> | <input type="checkbox"/> | Forgery |
| <input type="checkbox"/> | <input type="checkbox"/> | First or Second degree robbery | <input type="checkbox"/> | <input type="checkbox"/> | Or any of these crimes as they may have been renamed |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or Third degree theft | | | |

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed. If the conviction has been the subject of an expungement, pardon, annulment, or certificate of rehabilitation, please so specify:

1. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor? YES NO
2. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? YES NO
3. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person? YES NO
4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental or physical inability to care for himself or herself or who is a patient in a state hospital? YES NO
5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental or physical inability to care for himself or herself or who is a patient in a state hospital? YES NO
6. Have you ever been convicted of crimes related to drugs, including, but not limited to manufacture, delivery or possession with intent to manufacture or deliver a controlled substance? YES NO
7. Have you, within the last ten (10) years, been convicted of any felony other than those crimes described above? YES NO

If your answer is "yes" to any of the questions above, please describe and provide the date(s) of the findings and the penalty(ies) imposed.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am eligible to volunteer, I can be discharged for any misrepresentations or omissions in the above statement. I also understand that if I am eligible to volunteer my eligibility is conditioned on your receipt of a satisfactory report from the Washington or Oregon State Patrol.

Signature: _____ Date: _____

Name (print): _____